Medicaid Outpatient Drug Coverage Excluded Drug Coverage Information By State January 1, 2006

MISSISSIPPI

DESCRIPTION

This chart provides information on excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid's website.

MEDICAID ELIGIBILITY

This State provides coverage for the Categorically Needy

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain None

Drugs when used to promote fertility

None

Drugs when used for cosmetic purposes or hair growth

None

Drugs when used for the symptomatic relief of cough and colds

Some

Brompheniramine/Pseudoephrine, Brompheniramine/Pseudoephrine/DM, Chlorpheniramine, Clemastine tablets, Dexbrompheniramine/Pseudoephrine, Dextromethorphan Polystirex Suspension, Dextromethorphan/Pseudoephrine, Diphenhydramine, Guaifenesin Syrup (AC, DAC, DM, Plain), Loratadine, Loratadine/Pseudoephrine, Promethazine with codeine, Pseudoephedrine, Triprolidine/Pseudoephrine.

Prescription vitamins and mineral products

Some

For dialysis patients, renal vitamins

Nonprescription drugs (Over-the-Counter)

Some

Acetaminophen, Al & Mg Hydroxide, Al & Mg Hydroxide plus Simethicone, Ammonium Lactate, Aspirin, Benzoyl Peroxide Gel, Brompheniramine/Pseudoephrine, Brompheniramine/Pseudoephrine/DM, Calcium Carbonate (for dialysis patients only), Chlorpheniramine, Clemastine tablets, Clotrimazole, Dexbrompheniramine/Pseudoephrine, Dextromethorphan Polystirex Suspension, Dextromethorphan/Pseudephrine, Diphenhydramine, Ferrous Sulfate, Guaifenesin Syrup(AC, DAC, DM, & Plain), Hydrocortisone Cream, Ibuprofen Suspension, Insulin, Loratadine, Loratadine/Pseudoephrine, Loperamide, Magnesium Gluconate, Magnesium Chloride, Miconazole, Naphazoline/Pheniramine Ophthalmic Drops, Niacin, Nicotine (for smoking cessation), Ocular Lubricant Ointment and Tears, Omeprazole, Oral Electrolyte Mixtures, Permethrin Cream Rinse, Phenazopyridine, Prenatal Vitamins (for OB patients only), Pseudoephedrine, Pyrantel Pamoate Suspension, Renal Vitamins (for dialysis patients only), Triple Antibiotic Ointment, Tolnaftate Cream and Powder, Triprolidine/Pseudoephrine

MISSISSIPPI – Excluded Drug Coverage (continued)

<u>Barbiturates</u> (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases, sometimes used to relieve nervousness or restlessness during the daytime)

Some

Beginning January 1, 2006, only Phenobarbital and Mephobarbital are covered

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

All

Smoking Cessation (except dual eligibles as Part D will cover)

Some

Nicotine nasal spray, Nicotine oral inhaler

STATE WEBSITE

www.dom.state.ms.us/